



Fifth Annual Neighborhood Networks Week August 1–6, 2005

REGISTRATION FORM

Name/Title _____

Center Name _____

Street Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail address: _____

Please answer the following questions:

1. Type of housing served (check all that apply)

☐ Senior

☐ Family

☐ Assisted

☐ Market rate

___ Section 8

___ Section 236

___ Public housing

___ Other

2. How long has your center been in operation?

☐ Less than 1 year

☐ 1–3 years

☐ More than 3 years

3. Will your center be holding a local event during Neighborhood Networks Week? ____ Yes ____ No

If yes, please complete the information below.

Name of event _____ Date _____ Time _____

Description of event _____

Anticipated attendance _____

4. Will your center participate in any of the national events, including Web events, during Neighborhood Networks Week? ____ Yes ____ No

Mail this form to:

Neighborhood Networks Week
2277 Research Boulevard, MS 5J
Rockville, MD 20850

Fax this form to:

(301) 519–5980